



FIELD OFFICE

PROVIDER NUMBER

CITY

ZIP CODE

WORKER
INITIALS

*** PURPOSE OF TRIP	1. VISITATION	3. SCHOOL-RELATED ACTIVITY	5. TO/FROM PLACEMENT	7. MISC. FEES (i.e.parking, ferry etc.)
	2. COUNSELING	4. COURT HEARING	6. MEDICAL APPOINTMENT	8. OTHER (SPECIFY)

MILES	RATE	TOTAL REIMBURSEMENT	AUTHORIZATION NUMBER	DATE	INITIALS	SOCIAL WORKER APPROVAL
	0.345					

MILEAGE REIMBURSEMENT
DSHS 15-260 (12/2001)